STATEMENT OF

FORM 1	0	RGANIZA (See instruction			Office use only
NAME OF COMMITTEE (in	full) X	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
NEW YORK B	ANKERS ASSOCI	ATION COMMU	NITY POLITICAL ACTIO	N COMMITTEE	
ADDRESS (number and	street) 99 Pa	ark Avenue			
(Check if address X is changed)		YORK			10016
			CITY	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MA	L ADDRESS (Please	provide only one e-	mail address)		
(Check if address is changed)	kjanı L L	etty@nyba.com	1 		
is changed)					
COMMITTEE'S WEB	PAGE ADDRESS (U	RL)			
(Check if address is changed)					
.c c.i.a.i.gcc/	ـــــا				
2. DATE 1.2	0 0 0 / Y	2005°			
3. FEC IDENTIFICA	TION NUMBER		C C00098301		
4. IS THIS STATEM	IENT NEW	(N) OR	X AMENDED (A)	
I certify that I have exami	ned this Statement and	to the best of my kno	wledge and belief it is true, corre	ect and complete	
Type or Print Name of	Treasurer k	aren Jannetty			
Signature of Treasurer	Electronically File	d by Karen Jan	netty	Date 03	25 / Y 2009
NOTE: Submission of fa			y subject the person signing this	·	-
Office Use Only			For further informa Federal Election Cor Toll Free 800-424-99 Local 202-694-1100	nmission 530	FEC FORM 1 (Revised 02/2009)

	FEC F	Form 1 (Revised 02/2009)	Page 2				
5.		OMMITTEE (Check One)					
	Candidate C	Committee:					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate				
	Name of Candidate						
	Candidate Party Affiliati	Office Sought: House Senate President	State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party Comm	nittee:					
	(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Political Act	tion Committee (PAC):					
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
		Corporation Corporation w/o Capital Stock La	abor Organization				
		Membership Organization X Trade Association C	ooperative				
		χ In addition, this committee is a Lobbyist/Registrant PAC.					
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party				
		In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint Fundra	ising Representative:					
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political				
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
	Com	mittees Participating in Joint Fundraiser					
		1. FEC ID number C					
		2. FEC ID number					
		3. FEC ID number C					
		EEC ID number C					

Write or Type Committee Name

	NEW YORK BANKERS	ASSOCIATION COMMUNITY POLITIC	CAL ACTION COMMITTEE	
6.	Name of Any Connected Org	ganization, Affiliated Committee, Joint Fun	draising Representative, or Lead	ership PAC Sponsor
Ш	New York Bankers Assoc	ciation		
l 1				
	Mailing Address	99 Park Avenue		
		New York	NY _	10016
		CITY	STATE ▲	ZIP CODE
	Relationship: X Connected Organization	Affiliated Committee Joint Joi	int Fundraising Representative	Leadership PAC Sponsor
7.	possession of Committee	entify by name, address, (phone number books and records.		ne person in
		99 Park Avenue		
	Mailing Address			
		New York	NY	10016
	Title or Position ▼	CITY A	STATE ▲	ZIP CODE A
	Treasurer		Telephone number	
8.		and address (phone number optiona designated agent (e.g., assistant treas		ttee; and the
	Full Name of Treasurer Ms Ka	ren Jannetty		
	Mailing Address	99 Park Avenue		
		New York	NY	10016
	Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
	Treasurer		Telephone number 212	297 7635

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	Full Name of Designated Agent	_	Mr. Kevin M. Hicks				
	Mailing Address		99 Park Avenue				_
			New York		NY_	10016	_
	Title or Position ▼		CITY A	s	STATE A	ZIP CODE A	
	A:	ssistant T	reasurer	Telephone numb	er <u>212</u> –		_
9.	Banks or Other D safety deposit boxe Name of Bank, De	es or mainta epository, etc	ins funds. :	n which the committee de	eposits funds, holds	accounts, rents	_
	Mailing Address	JPMOR	ganChase & Company 1166 Avenue of the Americas	3			
			New York		NY ,	10036 _	
			CITY 🗖		STATE △	ZIP CODE 🛕	
	Name of Bank, De	epository, etc	·				_
	Mailing Address						
			CITY 🗖		STATE 4	ZIP CODE 🛕	

Banks or Other Depositories: safety deposit boxes or maintain		tee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	L		
	CITY 🗻	STATE △	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Joint Fundraising Repr	resentative, or Leade	ership PAC Sponsor
Mailing Address	1120 Connecticut Avenue, NW		
	Washington	_ LDC	20036
elationship:	CITY	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Rep	resentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
			_
Title or Position ♥	CITY A	STATE. 	ZIP CODE A
	Telepho	ne number	
Joint Fundraiser Participant			[ADDITIONAL]
	FE	C ID number	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the comm	nittee deposits funds, hole	ds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
	nization, Affiliated Committee, Joint Fundraising Re	presentative, or Leader	[ADDITIONAL rship PAC Sponsor
Mailing Address	99 Park Avenue		
	New York	LNY L	10016
ationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Re	epresentative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name	<u> </u>		
Mailing Address			
ag / taa. eee			
			_
Title or Position ♥	CITY A	STATE &	ZIP CODE A
	Teleph	none number	
Joint Fundraiser Participant			[ADDITIONAL]
	F	EC ID number	